



**Electronic Recording Delivery System
Application for Vendor of ERDS Software Certification**

TYPE OR PRINT (IN INK) ALL INFORMATION
REQUESTED ON THE APPLICATION FORM.
SIGNATURE MUST BE ORIGINAL.

TYPE OF APPLICATION

(CHECK ONE BOX ONLY)

INITIAL ☐ **RENEWAL** ☐

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

SECTION A (VENDOR INFORMATION)

APPLICANT NAME		ERDS CERTIFICATION # (Required for renewal)	
COMPANY NAME (if any)		DRIVER LICENSE #	DATE OF BIRTH
TELEPHONE # ()	FAX # ()	E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER NAME (if any)	E-MAIL	TELEPHONE # ()	FAX # ()
ADDRESS	CITY	STATE	ZIP CODE

SECTION B (VENDOR REFERENCES OR SERVICES AGREEMENTS)

- A. ATTACHED THE VENDOR OF SOFTWARE REFERENCE(S) ERDS 0009, PROVIDING THREE BEST REFERENCES WITHIN THE LAST FIVE YEARS FOR SOFTWARE PRODUCTS OR DEVELOPMENT OF EQUIVALENT TECHNOLOGY, COMPLEXITY, AND SIZE OF AN ELECTRONIC RECORDING DELIVERY SYSTEM; AT LEAST ONE REFERENCE SHALL BE FOR A PROJECT USING DOCUMENT IMAGING TECHNOLOGY; **OR**
- B. ATTACHE A COPY OF SERVICE AGREEMENT(S). YOU MUST OPERATE AS A VENDOR WITH A VALID CALIFORNIA MASTER SERVICES AGREEMENT (CMAS), GENERAL SERVICES AGREEMENT (GSA), OR MASTER SERVICES AGREEMENT (MSA). THE CMAS, GSA, OR MSA SHALL INCLUDE ONE OR MORE OF THE FOLLOWING SERVICE CATEGORIES:
- Consulting-Application Development
 - Consulting-IT Acquisition Support
 - Consulting-IT Project Planning
 - Consulting-IT Strategic Planning
 - Consulting-IT System Implementation
 - Consulting-Migration Planning
 - Consulting-Software Development
 - Consulting-System Analysis
 - Consulting-System Design
 - Consulting-System Development
 - Consulting-System Integration
 - Consulting-IT Project Management

SECTION C (APPLICATION CHECK LIST)

CHECK THE BOX IF THESE ITEMS ARE ATTACHED:

INITIAL APPLICATION

- ☐ ERDS 0009 VENDOR APPLICATION FORM FOR REFERENCE(S) **OR**
CMAS, GSA, OR MSA AGREEMENT
☐ PROOF OF FINGERPRINT SUBMISSION
☐ NON REFUNDABLE APPLICATION FEE

RENEWAL APPLICATION

- ☐ ERDS 0009 VENDOR APPLICATION FORM FOR REFERENCE(S) **OR**
CMAS, GSA, OR MSA AGREEMENT
☐ NON REFUNDABLE APPLICATION FEE

APPLICATION FOR VENDOR OF ERDS SOFTWARE CERTIFICATION
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VENDOR NAME _____

SECTION E *(TERMS AND CONDITIONS)*

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application, is true, correct, and complete, and that any false or dishonest answer to any question may be grounds for denial or subsequent termination or suspension of certification.

In addition, I attest that the software meets all of the audit and testing requirements contained in the Baseline Requirements and Technology Standards handbook. I acknowledge that DOJ's issuance of the approval of the software certificate will include a "disclaimer" stating that the software is not being approved as to its ability to serve/function in an ERDS operational environment nor that it meets all County Recorder's requirements; only that the vendor has stated that it meets all of the audit and testing requirements as contained in the Baseline Requirements and Technology Standards handbook as of the date of the issued certificate.

Vendor Signature: _____ Print Name: _____ Date: _____

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
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Sacramento, CA 95816-0526